

Hampton City Schools Kindergarten Registration

Must Be Used For All Students Registering for Kindergarten

Student Name:				
	First	MI	Last	
Were you involved Hampton? Yes []	in the Healthy Start F	Program sponsored by the	Healthy Families Partnership and the c	ity of
Did your child have a preschool experience prior to this school year? Yes No				
If NO, stop here ar	nd return the form to	o the office.		
If YES, please answ	ver the following two	questions about your child	l's pre-school experience.	
	hours per week did y ess than 15 hours Ill Day (30 hrs or		l? 5 hrs or more, but less than 30	hrs)
2. Please chec participated		ndicate the type of pre-sch	ool program in which your child	
($\sqrt{\mathbf{)}}$ Please Check C	Only <u>One</u> Box			
Virginia Prescho Hampton C		f Human Affairs, Downtow	n Hampton CDC-Building 17	
Coordinated Pro Head Start	-K Classroom located inside a publi	ic school		
Head Start Head Start	classrooms located in	n locations other than publ	ic schools	
Title I For exampl	e: First Step, For A G	Good Start, etc.		
Part-Day Specia	l Education Pre-	к		
Full-Day Special	Education Pre-K	۲.		
Government Tu For exampl		d Development Center, Lar	ngley Child Development Center, etc.	
Private Provide For exampl		oria Dei, La Petite, Holloma	n, Kindercare, Hampton Christian, etc	Ξ.
Licensed Family A licensed		Provider e provided the preschool p	rogram	
Other Please explain				